

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

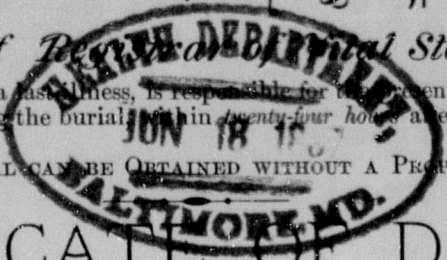
The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-431 Office of Death and Burial Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, June 17th 1887
Full Name of Deceased, Isaac Tinson {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not required in this line.
Age, 75 Years, _____ Months, _____ Days.
Color, Colored
Married, Single, Widow or Widower, {Cross out the words not required in this line.
Occupation, Laborer
Birth Place, {State or country, and how long in the United States, if of foreign birth. Harford Co. Md.
Duration of Residence in the City of Baltimore, 30 Years
Place of Death, {Give Street and Number. No 129 Jones St
Cause of Death, {First (Primary), Old age
Second (Immediate), Asthma
Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem
Date of Burial, June 18th 1887
{ Undertaker, Chas J Butler }
{ Place of Business, 510 N Caroline Address, James H Stearns M. D.
Surgeon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M M Newen Sanitary Inspector [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-432 Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 / 187

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. H. Curtis

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 1 Years, 19 Months, 19 Days.

Color, Caucasian

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 434 Elbow Lane

Cause of Death, { First (Primary), Second (Immediate), } Inanition ✓

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 17 / 187

{ Undertaker, H. B. Seward } James H. Seward M. D.

{ Place of Business, Conway St } Address, Cum gratia

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. B. Seward S. G. [OVER.]

The Special Attention of Physicians is respectfully invited to the RECORDS BELOW, and to LIST OF DISEASES ON BACK of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 433**

Office of Registrar of Vital Statistics.

Ward **17**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mrs S. Grieshaber

Sex, **Male** or Female, { Cross out the word not required in this line. }

Age, **46** Years,

Months,

Days.

Color, **white**

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, **Midwife**

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, **30 years**

Place of Death, { Give Street and Number. } **127 West St**

Cause of Death, { First (Primary), Second (Immediate), } **Asthma with dilatation of the Heart & Dropsy**

Duration of Last Sickness, **6 weeks**

All the above information should be furnished by the Physician.

Place of Burial, **New Cathedral**

Date of Burial, **June 20**

Undertaker, **B. Hall**

Place of Business, **115 West 4**

Dr. J. McWilliam M. D.

Medical Attendant.

Address, **707 W. Lombard**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. _____

A 4304

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. } Christian Schneider

Sex, Male or ~~Female~~; { Cross out the word not
required in this line. }

Age, 54 Years, 5 ~~6~~ Months, 20 Days.

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the words not
required in this line. }

Occupation, Furniture - maker

Birth Place, { State or country, and how } *Germany*
 { long in the United States, }
 { if of foreign birth. }

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give Street and Number. } 1105 S. Pack St.

Cause of Death, { First (Primary), *Tuberculosis*
Second (Immediate), *Asthenia*

Duration of Last Sickness, 13 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 20

(Undertaker, B. H. Merrell

Place of Business, 115 West 77

J. M. Gombel M. D.
Medical Attendant.

Address, 610 P. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause *and date of death. [OVER.]

Permit No. A-435 **Health Department, City of Baltimore.**
Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 / 89

Full Name of Deceased, Mary Schetter
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, B. City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 5 mts

Place of Death, 1811 Westfalls Pl.
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Stallpeters

Date of Burial, June 19

Undertaker, B. J. Moore } Russ Eiler M. D.
Medical Attendant.

Place of Business, 115 West St Address, 914 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 436

Office of Registrar of Vital Statistics.

Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Connor,

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 61 Years, — Months, — Days.

Color, White,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland,

Duration of Residence in the City of Baltimore, 40 years,

Place of Death, { Give Street and Number. } No 1922 E Fayette st,

Cause of Death, { First (Primary), Second (Immediate), } In Bad Health for long time
Malaria resulting Typhoid Fever,
Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 20th 1887

{ Undertaker, Evans, Spence W Ridgway Andre M. D.

Medical Attendant.

{ Place of Business, 1000 E Baltimore Address, 1123 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to the fact that the signature of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 437

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 17th '87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hinke Ebinger

Sex, ~~Male~~ or ~~Female~~

{ Cross out the word not required in this line. }

Age,

2

Years,

9

Months,

Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

✓

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Germany - 3 weeks

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death,

{ Give Street and Number. }

University Hospital

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Capillary Bronchitis

Exhaustion

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Mount Carmel

Date of Burial,

June 18th 1887

Undertaker,

H. Sander & Son

C. W. Mitchell

M. D.

Medical Attendant.

Place of Business,

1710 Canton Ave

Address,

University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 438

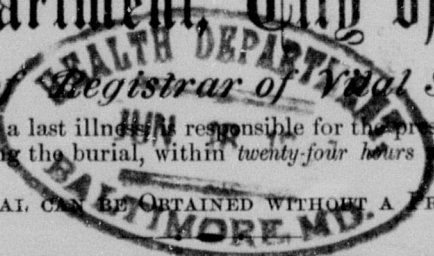
Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 17. 89

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Becker

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

—

Years,

4

Months,

—

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Balto. City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death,

{ Give Street and Number. }

1830 W. Pratt St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Measles
Exhaustion

Duration of Last Sickness,

Since birth

All the above information should be furnished by the Physician.

Place of Burial,

Western cemetery

Date of Burial,

June 18 1889

{ Undertaker,

John Herwig

{ Place of Business,

Orleans St

Address,

1853 W. Pratt St

J. M. Wilson

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

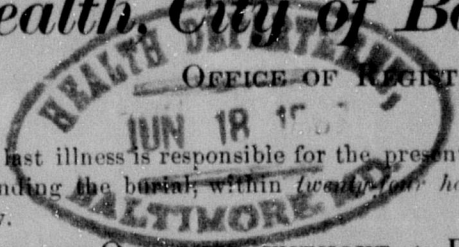
Special Attention of Physicians is respectfully invited to the requirements herein, and to the fact that this is a legal certificate.

Board of Health, City of Baltimore,

5-9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 439



The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Mullen

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Forty three Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow ✓

Occupation, _____

Birthplace, { State or country (and how long in the United States, if of foreign birth.) } Ireland

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give street and number. } 714 N. Eden St.

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia which was followed by Gastric Fever

Duration of Last Sickness, 22 day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 19th Thomas P. Mc Cormick M.D. Medical Attendant.

{ Undertaker, H. C. Weddell Address 1529 Eutan Place

{ Place of Business, 916 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Board of Health, City of Baltimore

ore, 8

Permit No. A 440

OFFICE OF REGISTRAR

VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after death of said deceased, or sooner, if requested so to do, under penalty of law.

certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

ATE.

CERTIFICATE OF DEATH.

Date of Death, June 16, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes M. Cobbin

Sex, Male or Female, { cross out the word not required in this line. }

Age, 20 Years, _____ Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, _____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, { Give street and number } 1607 Conquinto St

Cause of Death { First, (Primary,) Pulmonary Tuberculosis
Second, (Immediate,) asthma and Syphilis

Duration of last Sickness, About 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 19th

Undertaker, H. C. Wiedefeld

Place of Business, 916 Green St Address, 1815 N. Charles St

Marston Bruce, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]